

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/868974** FILING DATE  
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
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TOTAL IND.	1		3							
TOTAL DEP.	22		12							
TOTAL CLAIMS	23		15							
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TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS